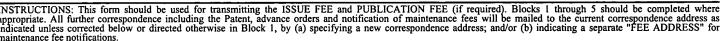
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This for appropriate. All further con indicated unless corrected maintenance fee notification	respondence including the below or directed otherwise	Patent, advance or in Block 1, by (a	ders and notifice) specifying a n	ation of maintenance fees vew correspondence address:	vill be mailed to the current and/or (b) indicating a separate	correspondence address as arate "FEE ADDRESS" for	
5514 75	E ADDRESS (Note: Use Block I for	61	PE	Fee(s) Transmittal. The papers. Each additional have its own certificate	mailing can only be used for is certificate cannot be used all paper, such as an assignment of mailing or transmission.	for any other accompanying ent or formal drawing, must	
30 ROCKEFELLE NEW YORK, NY		JAN 0	3 2005 25	Cer I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USP	Certificate of Mailing or Transmission ritify that this Fee(s) Transmittal is being deposited with the United al Service with sufficient postage for first class mail in an envelope to the Mail Stop ISSUE FEE address above, or being facsimile to the USPTO (703) 746-4000, on the date indicated below.		
						(Depositor's name)	
C: 1501 C: 8001	1400.00 OP 15.00 OP	TA TRAI	DEMACINE			(Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED II	NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/337,041	06/28/1999	l	BUNGO SHIMADA		862.2893	8453	
TITLE OF INVENTION: IN	MAGE PROCESSING APPA						
APPLN. TYPE	SMALL ENTITY	ISSUE FEÉ		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1370		\$0	\$1370	01/03/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
EBRAHIMI DEHKORDY, SAEID		2626		358-001150			
7. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			-	g on the patent front page, li	• F13%P	ATRICK, CELLA,	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a				
"Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	tion (or "Fee Address" Indica or more recent) attached. Us	ation form e of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON T	HE PATENT (F	orint or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified by 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear Γa substitute for	on the patent. If an assign filing an assignment.	nee is identified below, the c	locument has been filed for	
(A) NAME OF ASSIGN	EE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
CANON KABUSHIKI KAISHA TOKYO, JAPAN							
Please check the appropriate	assignee category or category	ries (will not be pri	inted on the pate	ent): 🗖 Individual 🖫 C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of Fe		**		
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Advance Order - # of Copies5			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form).				
5. Change in Entity Status	(from status indicated above	e)		·		· <u>·</u>	
	MALL ENTITY status. See		b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issublication Fee (if required) ords of the United States Pat	ue Fee and Publicate will not be accepted ent and Trademark	tion Fee (if any) I from anyone of Office.	or to re-apply any previous ther than the applicant; a reg	y paid issue fee to the applicated attorney or agent; or t	ation identified above. he assignee or other party in	

Date January 3, 2005 Authorized Signature

Lawrence A. Stahl Typed or printed name _

30,110 Registration No.

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